

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1970

Office of Registration of Vital Statistics.

Ward 12 "

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Aug. 2 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Horace Marlow

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 1705 Druid Hill Ave

Cause of Death, { First (Primary), Bilious Dysentery  
Second (Immediate), }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Cem.

Date of Burial, Aug. 4/87

{ Undertaker, Chas. T. Scriver }

G Lane Taney Hill M. D.

Medical Attendant.

{ Place of Business, 925 Madison Address, 922 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Health Department, City of Baltimore.

Permit No. A 1971

Office of Registrar of Vital Statistics.

Ward 2<sup>a</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

August 2<sup>a</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anastasia Skacharowski

Sex, Male  Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

5 min

White

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),

Life

Second (Immediate),

Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Life

Place of Burial, St Alphonsus Roman

Date of Burial, Aug 3<sup>a</sup> 1887

Undertaker, Felix Broshowski

Place of Business, Alice Anna

Address,

M. D.

Medical Attendant

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John Che. De Lacy Inspector

[OWNER.]

## Health Department, City of Baltimore.

Permit No. A

1972

Office of Registrar of Vital Statistics.

Ward

16  
45

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

August 3<sup>r</sup>, 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Martha Demone

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

White

Months,

9

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

420 West St

Cause of Death, { First (Primary),

Natural

Second (Immediate),

Convulsive

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Augt 4/87

{ Undertaker, J. Kochler

Dr. Wiley

M. D.

Medical Attendant.

{ Place of Business,

Address, 405 W. Lombard St

## Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

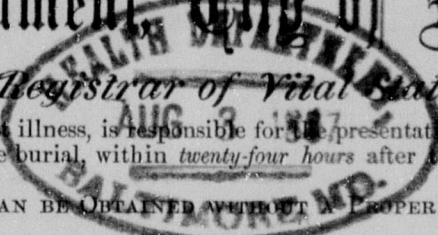
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1973 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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7  
B

## CERTIFICATE OF DEATH.

Date of Death,

Aug 2<sup>nd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Tho A. Swan

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 1 Years, Months,

Days.

white

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

ml

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt.

Duration of Residence in the City of Baltimore,

lifetime

Place of Death, { Give Street and Number. }

1 E Cor Hoffman & Carolina

Cause of Death, { First (Primary),  
Second (Immediate), }

Dysentery asthme

Duration of Last Sickness,

one month

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

J. Street

M. D.

Date of Burial, Aug 4 1887

Medical Attendant.

Undertaker, Evans & Spino

Place of Business, 1000 E Baltimore Address, 403 1/2 Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 1974

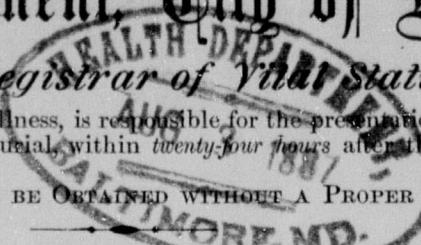
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1974 Office of Registrar of Vital Statistics. Ward 13<sup>th</sup>

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DH

## CERTIFICATE OF DEATH.

Date of Death,

August 1<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Wilhelmina Kriegal-Freud

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 30 Years, — Months, — Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation,

Germany

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 6 weeks —

Place of Death, { Give Street and Number. }

University Hospital

Cause of Death, { First (Primary),

Typhoid fever —

Second (Immediate),

Exhaustion. —

Duration of Last Sickness,

2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 3<sup>rd</sup> 1887

Frank Martin

M. D.

{ Undertaker, H. Sander for }

Medical Attendant.

{ Place of Business, 1710 Caulk St. }

Address, University Hospital

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[OVER.]



CITY HALL  
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

**CERTIFICATION**

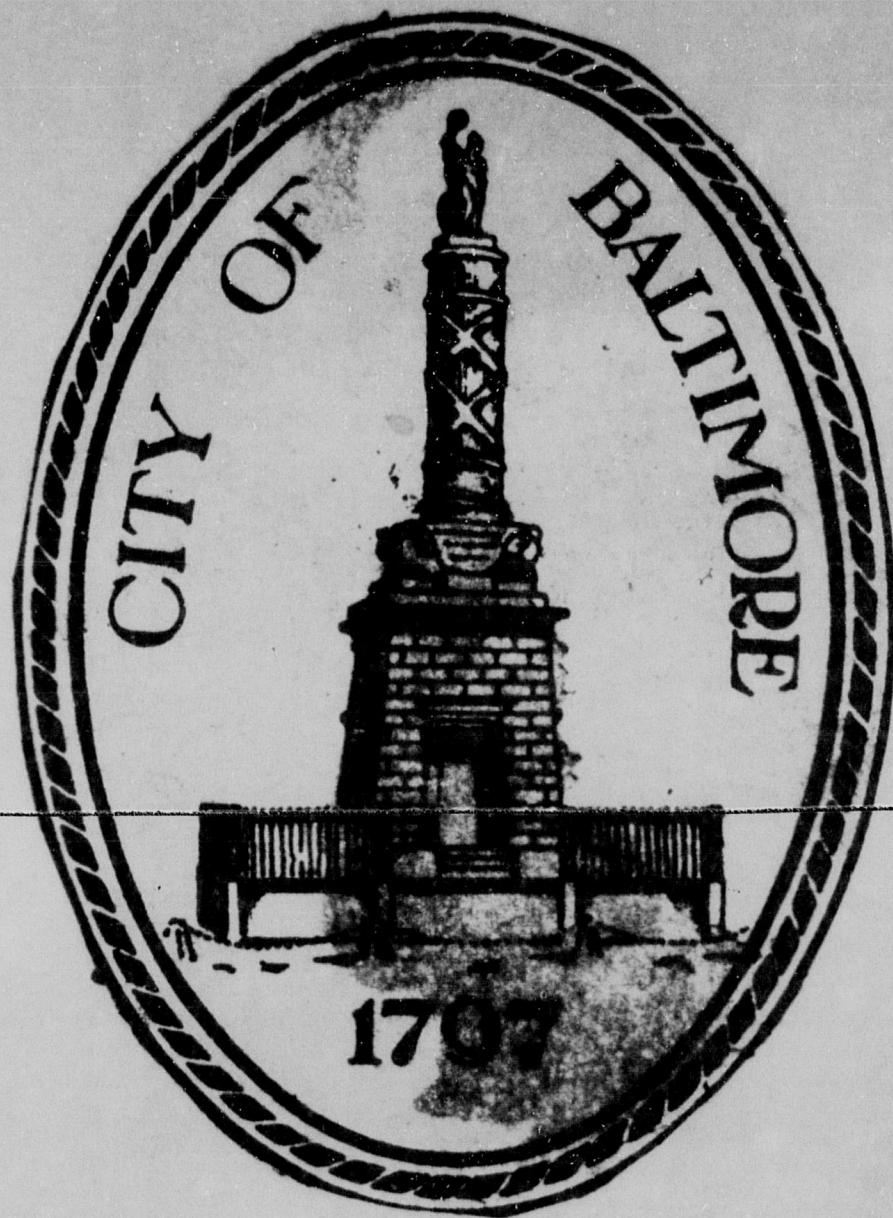
THIS IS TO CERTIFY THAT ON THIS 12/4 DAY

OF 1968 THE MICROPHOTOGRAPHS APPEARING  
HEREIN STARTING WITH 98457-3/6/87 AND  
ENDING WITH A-1974-8/1/87 ARE AC-

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RECORDS OF THE DEPARTMENT OF  
BUREAU OF Vital Statistics AS DELIVERED  
IN THE REGULAR COURSE OF BUSINESS FOR  
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TO THE BEST OF MY KNOWLEDGE THE MICROFILM  
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU  
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC  
COPY.

CAMERA OPERATOR: O'Kline



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